

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date	
Final	Original	
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
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44	✓	✓
45	✓	✓
46	✓	✓
47	✓	✓
48	✓	✓
49	✓	✓
50	✓	✓

Claim	Date	
Final	Original	
51	✓	✓
52	✓	✓
53	✓	✓
54	✓	✓
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58	✓	✓
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99	✓	✓
100	✓	✓

Claim	Date	
Final	Original	
101	✓	✓
102	✓	✓
103	✓	✓
104	✓	✓
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108	✓	✓
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142	✓	✓
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145	✓	✓
146	✓	✓
147	✓	✓
148	✓	✓
149	✓	✓
150	✓	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)